

MULTIPLE DEFENDANT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/57/866

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
2	/							52					
3	/							53					
4	/							54					
5	/							55					
6	/							56					
7	/							57					
8	/							58					
9	/							59					
10	/							60					
11	/							61					
12	/							62					
13	/							63					
14	/							64					
15	/							65					
16	/							66					
17	/							67					
18	/							68					
19	/							69					
20	/							70					
21	/							71					
22	/							72					
23	/							73					
24	/							74					
25	/							75					
26	/							76					
27	/							77					
28	/							78					
29	/							79					
30	/							80					
31	/							81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

Best Available Copy